

03/12/01
J 052 U.S. PTO

03-13-01

PTO/SB/05 (2/98)

Approved for use through 09/30/2000 OMB 0651-0032 A

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Please type a plus sign (+) inside this box → +

UTILITY PATENT APPLICATION TRANSMITTAL

Only for new nonprovisional applications under 37C F.R. §1 53(b))

Attorney Docket No.	PC10807ACJG
First Named Inventor or Application Identifier	Evgenyi Y. Shalaev, et al
Title	Use of o-vanillin and o-vanillin/Trolox® Combinations
Express Mail Label No.	EL709320584US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

<p>1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 13]</p> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference in Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure <p>3. <input type="checkbox"/> Drawing(s) (35 U.S.C. 11.3) [Total sheets]</p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration [Total pages 3] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b). </p> <p>5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>	<p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies </p>
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ACCOMPANYING APPLICATION PARTS

<p>8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>14. <input type="checkbox"/> *Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired (PTO/SB/09-12)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Other: Priority Claim of U.S. Provisional Application No. 60/189,101, filed March 14, 2000.</p>
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*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-in-part (CIP) of prior application No: /

Prior application information: Examiner _____ Group/Art Unit: _____

18. CORRESPONDENCE ADDRESS

(Insert Customer No. or Attach bar code label here)

or Correspondence address below

Name	Gregg C. Benson				
Address	Pfizer Inc.				
Address	Patent Department, MS 4159, Eastern Point Road				
City	Groton	State	CT	Zip Code	06340
Country	United States Of America	Telephone	1-(860)-441-4901	Fax	1-(860)-441-5221

NAME (Print/type)	Carl J. Goddard	Registration No. (Attorney/Agent)	39,203
Signature	<i>Carl J. Goddard</i>	Date 3/12/01	

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1
These are the fees effective October 1, 2000.

Small Entity payments **must** be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12
See 37 C.F.R. §§ 1.27 and 1.28.

Total Amount of Payment (\$1,102.00)

Complete if Known	
Application Number	To be assigned
Filing Date	Concurrently herewith
First Named Inventor	Evgenyi Y. Shalaev, et al
Examiner Name	To be assigned
Group/Art Unit	To be assigned
Attorney Docket No.	PC10807ACJG

METHOD OF PAYMENT (check one)

The commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-1445

Deposit Account Name Pfizer Inc.

Charge Any Additional 37 Fee Required Under C.F.R. §§ 1.16 and 1.17. Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance.

Payment Enclosed:

Check Money Order Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	710.00
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$) 710.00

2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	24	-20** = 4 X 18 =	72.00
Independent Claims	7	- 3** = 4 X 80 =	320.00
Multiple Dependent		0 =	0

** or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

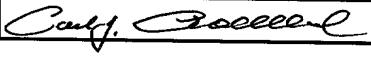
SUBTOTAL (2) (\$) 392.00

FEE CALCULATION (continued)						
3. ADDITIONAL FEES		Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid
105	130	205	65	Surcharge – late fee or oath		
127	50	227	25	Surcharge–late provisional filing fee or cover sheet		
139	130	139	130	Non-English specification		
147	2,520	147	2,520	For filing a request for reexamination		
112	920*	112	920*	Requesting publication of SIR prior to Examiner action		
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action		
115	110	215	55	Extension for reply within first month		
116	390	216	195	Extension for reply within second month		
117	890	217	445	Extension for reply within third month		
118	1,390	218	695	Extension for reply within fourth month		
128	1,890	228	945	Extension for reply within fifth month		
119	310	219	155	Notice of Appeal		
120	310	220	155	Filing a brief in support of an appeal		
121	270	221	135	Request for oral hearing		
138	1,510	138	1,510	Petition to institute a public use proceeding		
140	110	240	55	Petition to revive - unavoidable		
141	1,240	241	620	Petition to revive - unintentional		
142	1,240	242	620	Utility issue fee (or reissue)		
143	440	243	220	Design issue fee		
144	600	244	300	Plant issue fee		
122	130	122	130	Petitions to the Commissioner		
123	50	123	50	Petitions related to provisional applications		
126	240	126	240	Submission of Information Disclosure Statement		
581	40	581	40	Recording each patent assignment per property (times number of properties)		
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))		
149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))		
Other Fee (specify)						
Other Fee (specify)						

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0

SUBMITTED BY

Type or Printed Name	Carl J. Goddard	Complete (if Applicable)	
Signature		Date	3/1/01